



General Assembly

February Session, 2016

Raised Bill No. 5234

LCO No. 457



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT REQUIRING THE CONNECTICUT HEALTH INSURANCE
EXCHANGE TO REPORT ADDITIONAL DATA.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-1092 of the 2016 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective July 1, 2016*):

4 (a) (1) Not later than March 31, 2014, and quarterly thereafter, the
5 exchange board of directors shall report to the joint standing
6 committees of the General Assembly having cognizance of matters
7 relating to public health, human services and insurance concerning
8 health care services provided through the exchange. Such reports shall
9 include: [(1)] (A) The number of [persons] individuals in households
10 with incomes from one hundred thirty-three per cent up to one
11 hundred fifty per cent of the federal poverty level who were enrolled
12 in a qualified health plan at any time on or after January 1, 2014; [(2)]
13 (B) the number of [persons] individuals in households with incomes
14 from one hundred fifty per cent up to and including two hundred per
15 cent of the federal poverty level who were enrolled in a qualified

16 health plan at any time on and after January 1, 2014; [(3)] (C) the
 17 number of [persons] individuals in households with incomes from one
 18 hundred thirty-three per cent up to and including two hundred per
 19 cent of the federal poverty level who have been continuously enrolled
 20 in a qualified health plan during the current calendar year; [(4)] (D) the
 21 number of [persons] individuals in households with incomes from one
 22 hundred thirty-three per cent up to and including two hundred per
 23 cent of the federal poverty level who were enrolled in a qualified
 24 health plan and who subsequently became eligible to receive benefits
 25 under the Medicaid program or whose household income increased to
 26 more than two hundred per cent of the federal poverty level; [(5)] (E)
 27 the number of [persons] individuals in households with incomes from
 28 one hundred thirty-three per cent up to and including two hundred
 29 per cent of the federal poverty level who experienced a gap in health
 30 care coverage; [(6)] (F) the cost to the state of providing health care
 31 services to [persons] individuals identified in subparagraph (E) of this
 32 subdivision [(5) of this subsection] and the cost to such [persons]
 33 individuals to access health care coverage through the exchange; [(7)]
 34 (G) the cost of the second-lowest-priced silver premium plan in the
 35 exchange; and [(8)] (H) any other information that said board believes
 36 would be necessary to allow said committees to evaluate the cost and
 37 benefits of a basic health plan.

38 (2) Commencing with the next quarterly report due after July 1,
 39 2016, the exchange board of directors shall include the following
 40 additional information in the quarterly reports required under
 41 subdivision (1) of this subsection: (A) The number of individuals who
 42 enrolled in the Medicaid program in the quarter via the exchange; (B)
 43 the number of individuals who enrolled in a qualified health plan in
 44 the quarter through the exchange and which plans such individuals
 45 selected; (C) whether each individual reported enrolled under
 46 subparagraph (A) or (B) of this subdivision was insured immediately
 47 prior to such enrollment and if so, the source of such insurance; (D) the
 48 number of individuals enrolled in the quarter through the exchange

49 who were eligible for a federal subsidy and the total and average
 50 amounts of such subsidies; and (E) the status of the exchange's data
 51 privacy protections and the exchange's success rate in ensuring
 52 personally identifiable information is not released and the disclosure
 53 of information pursuant to sections 38a-1090 and 38a-1091 is
 54 performed in accordance with said sections.

55 (b) (1) The exchange board of directors shall include in the first
 56 quarterly report submitted each year to said committees in accordance
 57 with subsection (a) of this section, (A) the number of [persons]
 58 individuals in households with incomes from one hundred thirty-three
 59 up to and including two hundred per cent of the federal poverty level
 60 who were enrolled in a qualified health plan at the end of the previous
 61 calendar year, and (B) the number of individuals who were
 62 automatically reenrolled in a qualified health plan through the
 63 exchange during the open enrollment period immediately preceding.

64 (2) Any such number under subparagraph (B) of subdivision (1) of
 65 this subsection shall exclude individuals enrolled in or reenrolled in
 66 the Medicaid program.

This act shall take effect as follows and shall amend the following sections:

Section 1	July 1, 2016	38a-1092
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Statement of Purpose:

To require the Connecticut Health Insurance Exchange board of directors to report additional data in its quarterly reports to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and insurance.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]